



NOTICE OF APPEAL FROM THE EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants: Pablo Tamayo, Jill P. Mesirov, Eric S. Lander and Todd R. Golub  
Serial No.: 09/525,142 Group: 1631  
Filed: March 14, 2000 Examiner: Shubo Zhou  
Confirmation No.: 8330  
For: Methods and Apparatus for Analyzing Gene Expression Data

|   |                     |
|---|---------------------|
| CERTIFICATE OF MAILING OR TRANSMISSION  |                     |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on: |                     |
| Aug 31, 2004  | Patricia L. Hillary |
| Date  | Signature           |
| Patricia L. Hillary   |                     |
| Typed or printed name of person signing certificate   |                     |

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated June 3, 2004, of the Examiner finally rejecting claims 1-18 and 62. The item(s) checked below are appropriate:

- [ ] Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [ ] for [ ] month(s) from [ ] to [ ].
- [ ] A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.  
[ ] Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.
- [ ] A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

09/03/2004 WABDELR1 000000057 09525142  
01 FC:1401  
330.00 OP

## 4. Fees are submitted for the following:

|                                     |                                    |                     |
|-------------------------------------|------------------------------------|---------------------|
| <input type="checkbox"/>            | Extension of Time for [ ] month(s) | \$ _____            |
| <input type="checkbox"/>            | Additional Extension of Time:      |                     |
|                                     | Fee for Extension ([ ] mo.)        | \$ _____            |
|                                     | Less fee paid ([ ] mo.)            | \$ _____            |
|                                     | Balance of fee due                 | \$ 0 _____          |
| <input checked="" type="checkbox"/> | Notice of Appeal                   | \$ 330 _____        |
| <input type="checkbox"/>            | Other _____                        | \$ _____            |
|                                     |                                    | TOTAL \$ <u>330</u> |

## 5. The method of payment for the total fees is as follows:

A check in the amount of \$330 is enclosed.

Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

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Date: 8-31-04